

EXHIBIT "I"

Form 5500-C/R Department of the Treasury Internal Revenue Service Department of Labor Pension and Welfare Benefits Administration Pension Benefit Guaranty Corporation	Return/Report of Employee Benefit Plan (With fewer than 100 participants) This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code. ▶ See separate instructions.	OMB Nos. 1210-0016 1210-0089 1997 This Form Is Open to Public Inspection.
	For the calendar plan year 1997 or fiscal plan year beginning July 1, 1997, and ending June 30, 1998	
	If A(1) through A(4), B, C, and/or D do not apply to this year's return/report, leave the boxes unmarked. You must check either box A(5) or A(6), whichever is applicable. See instructions.	

For the calendar plan year 1997 or fiscal plan year beginning July 1, 1997, and ending June 30, 1998

If A(1) through A(4), B, C, and/or D do not apply to this year's return/report, leave the boxes unmarked.
 You must check either box A(5) or A(6), whichever is applicable. See instructions.

A This return/report is:

- (1) ☐ the first return/report filed for the plan;
 (2) ☐ an amended return/report;
 (3) ☐ the final return/report filed for the plan; or
 (4) ☐ a short plan year return/report (less than 12 months).

IF ANY INFORMATION ON A PREPRINTED PAGE 1 IS INCORRECT, CORRECT IT. IF ANY INFORMATION IS MISSING, ADD IT. PLEASE USE RED INK WHEN MAKING THESE CHANGES AND INCLUDE THE PREPRINTED PAGE 1 WITH YOUR COMPLETED RETURN/REPORT.

- B Check here if any information reported in 1a, 2a, 2b, or 5a changed since the last return/report for this plan ☒
 C If your plan year changed since the last return/report, check here ☐
 D If you filed for an extension of time to file this return/report, check here and attach a copy of the approved extension ☒

1a Name and address of plan sponsor (employer, if for a single-employer plan)
 (Address should include room or suite no.)

Fifth Third Bank
 MD 10AT41
 38 Fountain Square Plaza
 Cincinnati, OH 45263

RECEIVED

APR 15 1999

INTERNAL REVENUE SERVICE
31 - COLLECTION DIVISION

1b Employer identification number (EIN)

31-1385530

1c Sponsor's telephone number

(513) 579-4137

1d Business code (see instructions, page 17)

6090

1e ECUSIP issuer number

n/a

2a Name and address of plan administrator (if same as plan sponsor, enter "Same")

SAME

2b Administrator's EIN

31-1385530

2c Administrator's telephone number

(513) 579-4137

3 If you are filing this page without the preprinted historical plan information and the name, address, and EIN of the plan sponsor or plan administrator has changed since the last return/report filed for this plan, enter the information from the last return/report on lines 3a and/or 3b and complete line 3c.

a Sponsor Suburban Federal Savings Bank, Cincinnati EIN 31-1385530 Plan number 001

b Administrator Same EIN _____

c If line 3a indicates a change in the sponsor's name, address, and EIN, is this a change in sponsorship only? (See line 3c on page 8 of the instructions for the definition of sponsorship.) Enter "Yes" or "No." ▶ yes

4 ENTITY CODE. (If not shown, enter applicable code from page 8 of the instructions.) ▶

A

5a Name of plan ▶ Suburban Bancorporation Inc.

Employee Stock Ownership Plan

5b Effective date of plan (mo., day, yr.)

07/01/93

5c Three-digit plan number ▶ 001

6

All filers must complete 6a through 6d, as applicable.

6a ☐ Welfare benefit plan 6b ☒ Pension benefit plan

(If the correct codes are not preprinted below, enter the applicable codes from page 8 of the instructions in the boxes.)

6c Pension plan features. (If the correct codes are not preprinted below, enter the applicable pension plan feature codes from page 9 of the instructions in the boxes.)

A, B

6d ☐ Fringe benefit plan. Attach Schedule F (Form 5500). See instructions.

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of employer/plan sponsor ▶ James Gorton

Type or print name of individual signing above James Gorton

Signature of plan administrator ▶ Marjorie Rybka

Type or print name of individual signing above Marjorie Rybka

EXHIBIT 17

Deponent Gorton

Date 4/14/99 Rptr. AS

Date ▶ 4/14/99

Date ▶ 4/14/99

For Paperwork Reduction Act Notice, see the instructions for Form 5500-C/R.

ISA
STF FED5761F.1

Form 5500-C/R (1997)

SU0282

Form 5500-C/R (1997 Form 5500-R filers, complete pages 1 and 2 only. Form 5500-C filers, complete page 1, skip page 2, and complete pages 3 through 6. Page 2

6e Check investment arrangement(s): (1) <input type="checkbox"/> Master trust (2) <input type="checkbox"/> Common/Collective trust (3) <input type="checkbox"/> Pooled separate account		Yes	No
7a Total participants: (1) At the beginning of plan year <u>67</u> (2) At the end of plan year <u>67</u>			
b Enter number of participants with account balances at the end of the plan year (defined benefit plans do not complete this item) <u>67</u>			
c (1) Were any participants in the pension benefit plan separated from service with a deferred vested benefit for which a Schedule SSA (Form 5500) is required to be attached? (See instructions.)		7c(1)	X
(2) If "Yes," enter the number of separated participants required to be reported <u>4</u>			
8a Was this plan terminated during this plan year or any prior plan year? If "Yes," enter the year <u> </u>		8a	X
b Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of PBGC?		8b	X
c If line 8a is "Yes" and the plan is covered by PBGC, is the plan continuing to file PBGC Form 1 and pay premiums until the end of the plan year in which assets are distributed or brought under the control of PBGC?		8c	
9 Is this a plan established or maintained pursuant to one or more collective bargaining agreements?		9	X
10 If any benefits are provided by an insurance company, insurance service, or similar organization, enter the number of Schedules A (Form 5500), Insurance Information, that are attached. If none, enter -0- <u>0</u>			
11a (1) Were any plan amendments adopted during this plan year?		11a(1)	X
(2) Enter the date the most recent amendment was adopted Month <u>05</u> Day <u>09</u> Year <u>94</u>			
b If line 11a is "Yes," did any amendment result in a retroactive reduction of accrued benefits for any participant?		11b	
c If line 11a is "Yes," did any amendment change the information contained in the latest summary plan description or summary description of modifications available at the time of the amendment?		11c	
d If line 11c is "Yes," has a summary plan description or summary description of modifications that reflects the plan amendments referred to on line 11c been furnished to participants? (see instructions)		11d	
12a If this is a pension benefit plan subject to the minimum funding standards, has the plan experienced a funding deficiency for this plan year? (See instructions.)		12a	
b If line 12a is "Yes," have you filed Form 5330 to pay the excise tax?		12b	
c Is the plan administrator making an election under section 412(c)(8) for an amendment adopted after the end of the plan year? (See instructions.)		12c	
d If a change in the actuarial funding method was made for the plan year pursuant to a Revenue Procedure providing automatic approval for the change, indicate whether the plan sponsor/administrator agrees to the change		12d	
13a Total plan assets as of the beginning <u>1,174,714</u> and end <u>3,075,869</u> of the plan year			
b Total liabilities as of the beginning <u>0</u> and end <u>0</u> of the plan year			
c Net assets as of the beginning <u>1,174,714</u> and end <u>3,075,869</u> of the plan year			
14 For this plan year, enter: a Plan income <u>1,901,155</u> d Plan contributions <u>284,434</u>			
b Expenses <u>0</u> e Total benefits paid <u>0</u>			
c Net income (loss) (subtract 14b from 14a) <u>1,901,155</u>			
15 You may NOT use N/A in response to lines 15a through 15o. If you check "Yes," you must enter a dollar amount in the amount column. During this plan year:		Yes	No
a Was this plan covered by a fidelity bond?		15a	X
b If line 15a is "Yes," enter the name of the surety company <u> </u>			
c Was there any loss to the plan, whether or not reimbursed, caused by fraud or dishonesty?		15c	X
d Was there any sale, exchange, or lease of any property between the plan and the employer, any fiduciary, any of the five most highly paid employees of the employer, any owner of a 10% or more interest in the employer, or relatives of any such persons?		15d	X
e Was there any loan or extension of credit by the plan to the employer, any fiduciary, any of the five most highly paid employees of the employer, any owner of a 10% or more interest in the employer, or relatives of any such persons?		15e	X
f Did the plan acquire or hold any employer security or employer real property?		15f	X
g Has the plan granted an extension on any delinquent loan owed to the plan?		15g	X
h Were any participant contributions transmitted to the plan more than 31 days after receipt or withholding by the employer?		15h	X
i Were any loans by the plan or fixed income obligations due the plan classified as uncollectible or in default as of the close of the plan year?		15i	X
j Has any plan fiduciary had a financial interest in excess of 10% in any party providing services to the plan or received anything of value from any such party?		15j	X
k Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interests?		15k	X
l Did the plan at any time engage in any transaction or series of related transactions involving 20% or more of the current value of plan assets?		15l	X
m Were there any noncash contributions made to the plan the value of which was set without an appraisal by an independent third party?		15m	X
n Were there any purchases of nonpublicly traded securities by the plan the value of which was set without an appraisal by an independent third party?		15n	X
o Has the plan reduced or failed to provide any benefit when due under the plan because of insufficient assets?		15o	X
16a Is the plan covered under the Pension Benefit Guaranty Corporation termination insurance program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not determined			
b If line 16a is "Yes" or "Not determined," enter the employer identification number and the plan number used to identify it.			
Employer identification number <u> </u> Plan number <u> </u>			

**SCHEDULE E
(Form 5500)**Department of the Treasury
Internal Revenue Service**ESOP Annual Information**

Under Section 6047(e) of the Internal Revenue Code

► File as an attachment to Form 5500, 5500-C/R, or 5500-EZ.

► For Paperwork Reduction Act Notice, see the instructions
for Form 5500, 5500-C/R, or 5500-EZ.

OMB No. 1210-0016

1997This Form is NOT Open
to Public InspectionFor the calendar year 1997 or fiscal plan year beginning July 1, 1997, and ending June 30, 1998

Name of employer/plan sponsor as shown on line 1a of Form 5500, 5500-C/R, or 5500-EZ

Fifth Third Bank

Employer identification number

31-1385530

Name of plan

Suburban Bancorporation Inc. Employee Stock Ownership PlanThree-digit
plan number ►001

- | | Yes | No |
|--|-----|----|
| 1a Did the employee stock ownership plan (ESOP) have an outstanding securities acquisition loan within the meaning of Code section 133 during the plan year? | | x |
| b Did the employer maintaining the ESOP pay dividends (deductible under section 404(k)) on the employer's stock held by the ESOP during the employer's tax year in which the plan year ends? | | x |
| If both line 1a and line 1b are "No," DO NOT complete any other questions on this schedule. Attach the schedule to the Form 5500, 5500-C/R, or 5500-EZ you file for your ESOP plan. | | |
| 2 What is the total value of the ESOP assets? ► | | |
| 3 If the ESOP holds preferred stock, under what formula is the preferred stock convertible into common stock of the employer corporation? ► | | |
| 4 If unallocated employer securities were released from a loan suspense account, indicate below the methods used: | | |
| a <input type="checkbox"/> Principal and interest (Excise Tax Regulations section 54.4975-7(b)(8)(i)); | | |
| b <input type="checkbox"/> Principal only (Excise Tax Regulations section 54.4975-7(b)(8)(ii)); | | |
| c <input type="checkbox"/> Other (attach an explanation) | | |
| 5 Were unallocated securities or proceeds from the sale of unallocated securities used to repay any exempt loan (within the meaning of Code section 4975(d)(3))? | | |
| If "Yes," attach a description of the transaction. | | |
| If the ESOP or the employer corporation has one or more outstanding securities acquisition loans intended to satisfy Code section 133, complete lines 6 through 11, otherwise skip to line 12. | | |
| 6a Was the ESOP loan part of a "back to back" loan? (See instructions for definition of "back to back" loan.) | | |
| b If line 6a is "Yes," are the terms of the two loans substantially similar? | | |
| c Do the two loans have the same amortization schedule? If "No," attach an explanation of how the amortization schedules differ | | |
| 7 Is the loan an immediate allocation loan as defined in Code section 133(b)(1)(B)? | | |
| 8a What was the date of the securities acquisition loan? ► | | |
| month day year | | |
| b At all times after the acquisition of the employer securities with the loan proceeds, did the ESOP own more than 50% of: (i) each class of outstanding stock of the employer corporation, or (ii) the total value of all outstanding stock of the corporation? | | |
| c If line 8b is "No," does the securities acquisition loan satisfy one of the transition rules of Act section 7301(f) of OBRA 1989 or satisfy the exception in Code section 133(b)(6)(B)(ii)? (See instructions for explanation of transition rules.) | | |
| d If line 8c is "No," enter the name and address of payees to whom interest with respect to securities acquisition loans was paid ► | | |
| 9 What was the amount of interest paid on the securities acquisition loan? ► | | |
| 10a Were any securities disposed of within 3 years after the plan acquired section 133 securities in a taxable event described in Code section 4978B(c)? | | |
| b If line 10a is "Yes," does one or more of the exceptions provided in Code section 4978B(d) apply to all dispositions of employer securities? | | |
| 11a Were any of the ESOP's securities acquisition loans refinanced during this reporting period? | | |
| b If line 11a is "Yes," does the refinancing meet the requirements of Act section 1602 of SBJPA 1996? | | |
| If the employer maintaining the ESOP deducted dividends under Code section 404(k), answer the questions on lines 12 through 14, otherwise skip to line 15. | | |
| 12a Did the amount of the dividends paid exceed the employer's current or accumulated earnings and profits within the meaning of Code section 316? | | |
| b Is the amount paid a dividend under applicable state law? | | |
| 13 If dividends deducted under Code section 404(k) were used to repay an exempt loan, were any dividends used to repay the loan generated by securities that were not acquired with the proceeds of the loan being repaid? | | |
| 14 If the answer to line 13 is "Yes," were the dividends paid with respect to employer securities that satisfy the transition rules of Act section 7302(b)(2) of OBRA 1989? | | |

15 Complete the following table for each class of stock owned by the ESOP:

(a) Class of stock	(b) Common stock (C) Preferred stock (P)	(c) Readily tradable* Yes (Y) No (N)	(d) Dividend rate during plan year**	(e) Dividends paid to participants***	(f) Dividends used to repay exempt loan	
					(1) allocated stock	(2) unallocated stock
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
Totals				\$	\$	\$

* If the stock is readily tradable on an established securities market within the meaning of Code section 409(l), enter "Y," otherwise enter "N."

** Dividend rate paid for each class of stock during the plan year.

*** Dividends paid directly to or distributed to participants.

General Instructions

Note

The Small Business Job Protection Act (SBJPA) repealed the partial interest exclusion of Code section 133 effective, in general, with respect to loans made after August 20, 1996. However, Schedule E (Form 5500) must be filed for securities acquisition loans made to ESOPs before August 21, 1996, loans made pursuant to a written binding contract in effect before June 10, 1996, and at all times thereafter before the loan was made, and certain loans made after August 20, 1996, to refinance a securities acquisition loan originally made on or before August 20, 1996.

Purpose of Form

Use this schedule to satisfy the requirements under Code section 6047(e) for an annual information return for an employee stock ownership plan (ESOP).

Who Must File

Every employer or plan administrator of a pension benefit plan that contains ESOP benefits must file a Schedule E (Form 5500).

How To File

File Schedule E (Form 5500) annually as an attachment to Form 5500, 5500-C/R, or 5500-EZ.

Specific Instructions

Lines 6 through 11. — A "securities acquisition loan" is an exempt loan to an ESOP to the extent that the proceeds are used to acquire employer securities for the plan.

Line 6. — A "back to back loan" is a securities acquisition loan from a lender to an employer corporation followed by a loan from the corporation to the ESOP maintained by the employer corporation. A "back to back loan" constitutes a "securities acquisition loan" under Code section 133 if the following requirements are satisfied:

a. The loan from the employer corporation to the ESOP qualifies as an exempt loan under Excise Tax Regulations sections 54.4975-7 and 54.4975-11;

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b. The repayment terms of the loan from the corporation to the ESOP are "substantially similar" (as defined in Temporary Income Tax Regulations section 1.133-1T) to the repayment terms of the loan from the corporation to the lender; and

c. If the loan from the corporation to the ESOP provides for more rapid repayment of principal and interest, the allocations under the ESOP attributable to such repayments do not discriminate in favor of highly compensated employees (within the meaning of Code section 414(q)).

Line 7. — An immediate allocation loan is any loan to an employer corporation to the extent that, within 30 days, employer securities are transferred to the ESOP maintained by the corporation in an amount equal to the proceeds of the loan and the securities are allocable to the accounts of plan participants within one year of the date of the loan. (See Code section 133(b)(1)(B).)

Line 8c. — The transition rules of Act section 7301(f)(2) through (6) of the Omnibus Budget Reconciliation Act of 1989 (OBRA), P.L. 101-239, provide that the amendments made to Code section 133 by OBRA will not apply to certain loans that satisfy the requirements of those paragraphs. In general, the amendments made by OBRA will not apply to:

1. Loans made pursuant to a binding written commitment in effect on June 6, 1989, and at all times thereafter before the loan was made, or pursuant to a written binding contract (or tender offer registered with the Securities and Exchange Commission (SEC)) in effect on June 6, 1989, and at all times thereafter before such securities were acquired;

2. If subparagraph 1 does not apply, loans made pursuant to a binding written commitment in effect on July 10, 1989, and at all times thereafter before the loan was made, but only to the extent that the proceeds were used to acquire employer securities pursuant to a certain binding written contract; (or tender offer registered with the SEC) in effect on July 10, 1989, and at all times thereafter before the securities are acquired;

3. Any loan made on or before July 10, 1992, pursuant to a written agreement entered into before July 10, 1989, if the agreement evidences the intent of the borrower to enter, on a periodic basis, into securities acquisition loans described in Code section 133(b)(1)(B) (as in effect before December 19, 1989). This rule applies only if one or more securities acquisition loans were made to the borrower on or before July 10, 1989.

See Act section 7301(f)(2) to determine the specific requirements of the transition rules described above. See Act section 7301(f)(3) through (6) for additional transition rules on refinancings, collective-bargaining agreements, filings with the United States, and the 30% test for certain loans.

Line 9. — If the loan is a back to back loan or an immediate allocation loan, enter the amount of interest paid by the employer corporation to the lender(s) during the plan year.

Line 11b. — The repeal of Code section 133 by Act section 1602 of SBJPA 1996 does not apply to a refinancing of an ESOP securities acquisition loan made after August 20, 1996 or pursuant to a binding contract in effect before June 10, 1996, if:

1. the refinancing loan meets the requirements of Code section 133 in effect on August 20, 1996,
2. the outstanding principal amount of the loan is not increased, and
3. the term of the original loan is not extended.

Line 15, column (d). — In determining the dividend rate for a class of common stock, use the percentage of the average dividends paid on the class of common stock during the plan year over the average value of the class of common stock during the plan year.

In determining the dividend rate for a class of preferred stock, use the dividend rate stated in the terms of the stock, or if a dividend rate is not stated, use the percentage of the average dividends paid on the class of preferred stock during the plan year over the par value of the class of preferred stock.

SCHEDULE SSA
(Form 5500)Annual Registration Statement Identifying Separated
Participants With Deferred Vested Benefits

OMB No. 1210-0016

1997

This Form Is NOT
Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Under Section 6057(a) of the Internal Revenue Code

► File as an attachment to Form 5500 or 5500-C/R.

► For Paperwork Reduction Act Notice, see the instructions for Form 5500 or 5500-C/R.

For the calendar year 1997 or fiscal plan year beginning July 1, 1997, and ending June 30, 1998

1a Name of plan sponsor (employer if for a single employer plan) Fifth Third Bank

1b Sponsor's employer identification number (EIN) 31-1385530

2a Name of plan Suburban Bancorporation Inc. Employee Stock Ownership

2b Three digit plan number ► 001

- 3 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits that:
- Code A — has not previously been reported.
- Code B — has previously been reported under the above plan number but requires revisions to the information previously reported.
- Code C — has previously been reported under another plan number but will be receiving their benefits from the plan listed above instead.
- Code D — has previously been reported under the above plan number but is no longer entitled to those deferred vested benefits.

Use with entry code "A", "B", "C", or "D"			Use with entry code "A" or "B"				Use with entry code "C"		
(a) Entry code	(b) Social security number	(c) Name of participant	Enter code for nature and form of benefit		Amount of vested benefit			(i) Previous sponsor's employer identification number	(j) Previous plan number
			(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	Defined contribution plan			
						(g) Units or shares	(h) Total value of account		
A	295-72-4869	Michele Arledge	A	A		311			
A	297-38-2621	Barbara Cahill	A	A		568			
A	279-54-9941	Karen Hack	A	A		537			
A	285-26-7276	Mary Rengers	A	A		439			

☐ Check here if additional participants are shown on attachments. All attachments must include the sponsor's name, EIN, name of plan, plan number, and column identification letter for each column completed for line 3.

☐ Check here if plan is a government, church or other plan that elects to voluntarily file Schedule SSA. If so, complete lines 4 through 5c, and the signature area. Otherwise, complete the signature area only.

4 Plan sponsor's address (number, street, and room or suite no.) (If a P.O. box, see the instructions for line 4.)

City or town, state, and ZIP code

5a Name of plan administrator (if other than sponsor)

5b Administrator's EIN

5c Number, street, and room or suite no. (If a P.O. box, see the instructions for line 4.)

City or town, state, and ZIP code

Under penalties of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of plan administrator ► *X Margaret Rybicki*

Phone number of plan administrator ► (513) 579-4137

Date ► 4/14/99

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STF FED5757F

Schedule SSA (Form 5500) (1997)

SU0286

**SCHEDULE P
(Form 5500)**Department of the Treasury
Internal Revenue Service**Annual Return of Fiduciary
of Employee Benefit Trust**▶ File as an attachment to Form 5500, 5500-C/R, or 5500-EZ.
▶ For the Paperwork Reduction Notice, see the Form 5500 instructions.

OMB No. 1210-0016

1997This Form Is Open to
Public Inspection.

For trust calendar year 1997 or fiscal year beginning July 1, 1997, and ending June 30, 1998

Please type or print	1a Name of trustee or custodian	Fifth Third Bank	
	b Number, street, and room or suite no. (If a P.O. box, see the instructions for Form 5500, 5500-C/R, or 5500-EZ.)	38 Fountain Square Plaza	
	c City or town, state, and ZIP code	Cincinnati, OH 45263	
2a Name of trust	Suburban Bancorporation Inc. ESOP		b Trust's employer identification number 31-0854433
3 Name of plan if different from name of trust	SAME		
4 Have you furnished the participating employee benefit plan(s) with the trust financial information required to be reported by the plan(s)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5 Enter the plan sponsor's employer identification number as shown on Form 5500, 5500-C/R, or 5500-EZ	31-1385530		

Under penalties of perjury, I declare that I have examined this schedule, and to the best of my knowledge and belief it is true, correct, and complete.

Signature of fiduciary

Date

Instructions

Section references are to the Internal Revenue Code.

Purpose of Form

You may use this schedule to satisfy the requirements under section 6033(a) for an annual information return from every section 401(a) organization exempt from tax under section 501(a).

Filing this form will start the running of the statute of limitations under section 6501(a) for any trust described in section 401(a), which is exempt from tax under section 501(a).

Who May File

1. Every trustee of a trust created as part of an employee benefit plan as described in section 401(a).
2. Every custodian of a custodial account described in section 401(f).

How To File

File Schedule P (Form 5500) for the trust year ending with or within any participating plan's plan year. Attach it to the Form 5500, 5500-C/R, or 5500-EZ filed by the plan for that plan year. A separately filed Schedule P (Form 5500) will not be accepted.

If the trust or custodial account is used by more than one plan, file one Schedule P (Form 5500). If a plan uses more than one trust or custodial account for its funds, file one Schedule P (Form 5500) for each trust or custodial account.

Trust's Employer Identification Number

Enter the trust employer identification number (EIN) assigned to the employee benefit trust or custodial account, if one has been issued to you. The trust EIN should be used for transactions

conducted for the trust. If you do not have a trust EIN, enter the EIN you would use on Form 1099-R to report distributions from employee benefit plans and on Form 945 to report withheld amounts of income tax from those payments.

Note: Trustees who do not have an EIN may apply for one on Form SS-4, Application for Employer Identification Number. You must be consistent and use the same EIN for all trust reporting purposes.

Signature

The fiduciary (trustee or custodian) must sign this schedule. If there is more than one fiduciary, the fiduciary authorized by the others may sign.

Other Returns and Forms That May Be Required

- **Form 990-T** — For trusts described in section 401(a), a tax is imposed on income derived from business that is unrelated to the purpose for which the trust received a tax exemption. Report this income and tax on Form 990-T, Exempt Organization Business Income Tax Return. (See sections 511 through 514 and the related regulations.)
- **Form 1099-R** — If you made payments or distributions to individual beneficiaries of a plan, report those payments on Form 1099-R. (See the instructions for Forms 1099, 1098, 5498, and W-2G.)
- **Form 945** — If you made payments or distributions to individual beneficiaries of a plan, you may be required to withhold income tax from those payments. Use Form 945, Annual Return of Withheld Federal Income Tax, to report taxes withheld from nonpayroll items. (See Circular E, Employer's Tax Guide (Pub. 15), for more information.)